

Massachusetts Department of Transportation

Registry of Motor Vehicles Division P.O. Box 55885 Boston, MA 02205-5885

Form C90D §20E Junking or Scrapping a Motor Vehicle

Complete this form and mail it, along with the Certificate of Title, to the address above.

(Owner's / Licensed Dealer's Name and Address)	
(Owner's / Licensed Dealer's Name and Address)	
Year Make	Model
Vehicle Identification Number	
Title Number (Registration Number if Exempt)	State
Vehicle purchased or received from	(Name)
Address	On
	(Date)
The under signed certifies under the pair junked or scrapped on	ns and penalties of perjury, that the above described motor vehicle was
Authorized Signature	Printed Name